



## Title VI Complaint Form

1. Date complaint filed: \_\_\_\_\_
2. ECD Staff person (please also list title) who was notified of complaint:  
\_\_\_\_\_
3. Complainant Information  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone# \_\_\_\_\_ cell \_\_\_\_\_  
Basis of Discrimination \_\_\_\_ race \_\_\_\_ national origin \_\_\_\_ color
4. Respondent Information (party/parties you believe discriminated against you)  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone# \_\_\_\_\_ cell \_\_\_\_\_  
Division of ECD \_\_\_\_\_
5. When did the discriminatory act (s) occur?  
Beginning date of alleged discriminatory act? \_\_\_\_\_  
Most recent date of alleged discriminatory act? \_\_\_\_\_  
Is the alleged discriminatory act ongoing? \_\_\_\_ yes \_\_\_\_ no
6. Which of the following action(s) do you believe were taken against you? (Check all that apply)  
\_\_\_\_ denied program service, aid or benefit  
\_\_\_\_ received service or benefit differently or inferior to those provided to others  
\_\_\_\_ subjected to segregate or separate treatment related to the receipt of any service or benefit  
\_\_\_\_ denied opportunity to participate as member of planning or advisory body  
\_\_\_\_ retaliated against as result of alleging any of the above  
\_\_\_\_ other



7. In your own words, describe alleged discriminatory acts. Please provide date(s), when applicable. If others were treated differently than you, please describe.

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8. Witnesses

Please list any individuals that may have information that supports or clarifies your complaint. Include as much contact info as possible. *This list will not be provided to the Respondent(s) named in your complaint.*

1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone number \_\_\_\_\_  
Email address \_\_\_\_\_

2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone number \_\_\_\_\_  
Email address \_\_\_\_\_

3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone number \_\_\_\_\_  
Email address \_\_\_\_\_